*ALABAMA COMMISSION ON HIGHER EDUCATION*

**Form D: Program Inventory Substantive Change Form**

**Change of Degree Nomenclature at the Doctoral Level**

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Using the instructions below, complete and submit the following form:

1. Refer to the institution’s Academic Program Inventory for the current CIP code, program title, and degree nomenclature. This information is necessary for the review and evaluation of your request. Failure to include this information will cause a delay in processing the request.

The Inventory for each institution is available online at http://www.ache.alabama.gov/Acadaffr/ProgInv/institu.htm.

1. List the current identifiers for the program from the Academic Program Inventory on line 1 below.

*Example:*

|  |  |  |  |
| --- | --- | --- | --- |
| *1.Current listing* | *51.1601* | *Nursing* | *DSc* |

1. List how the program should appear in the Inventory after the requested change(s) are made on line 2 below.

|  |  |  |  |
| --- | --- | --- | --- |
| *2. Proposed listing* | *51.1601* | *Nursing* | *PhD* |

**Specify requested change below:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | CIP Code | Program Title | Degree Nomenclature |
| 1. Current listing |  |  |  |
| 2. Proposed listing |  |  |  |

***Form D: Program Inventory Substantive Change Form--Change of Degree Nomenclature at the Doctoral Level, continued***

1. In an attachment, please provide the following information:
	1. What is the rationale for the change in degree nomenclature?
	2. How will the content and character of the program be altered?
	3. What costs are associated with the change, and how will they be met?
2. Please attach a copy of the current curriculum and the curriculum that will be implemented with the change in degree nomenclature.

Substantive change requested by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Institutional Representative

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Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution Date